K101382 Page W of 0

NOV - 9 2010

510(k) Summary

Submitted by:

LED Technologies, LLC

133 County Road 17

Elizabeth, CO 80107

USA

Contact Person:

Lewis Ward

L.W. Ward and Associates, Inc.

4655 Kirkwood Court Boulder, CO 80301 USA

303-530-3279 lwward@qwest.net

Date Prepared:

5-13-2010

Device Trade Name:

dpl® Nüve

Common Name:

LED lamp

Regulation Number:

878.4810

Classification Name:

Infrared lamp

OHS: light-based over-the-counter wrinkle reduction

GEX: powered laser surgical instrument (for acne treatment)

Intended Use:

Intended to emit energy in the red and infrared region of the spectrum for use in dermatology for the treatment of periorbital wrinkles. Indicated as an over-the-counter phototherapy device

for the treatment of mild to moderate acne.

Technological

Characteristics:

The dpl® Nüve is a lightweight, handheld, light emitting diode (LED) device with interchangeable heads which emit light energy. A blue LED head in the 415 nm spectrum is used in treatment for mild to moderate inflammatory acne. A red head at 625 nm and a purple head (infrared) in the 830 nm spectrum are used in combination for reduction of periorbital wrinkles. The handle of the device contains the electronics of the device including a fan for

cooling and an automatic shut-off safety feature

Substantial Equivalence:

The device is substantially equivalent in function and technology To the Omnilux New U for periorbital wrinkle treatment and the Tanda Skin Care product for treatment of acne. Conclusions drawn from the nonclinical and clinical tests demonstrate that the

K/0/382 Page W of O

device is as safe and effective as the legally marketed predicate devices.

Test Data:

The dpl® Nüve has been demonstrated safe by testing and meeting IEC 60601-1, EN 60601-1-2, and EN 60601-2-22. Patient contact materials are demonstrated safe under ISO 10993 testing. The dpl® Nüve does not raise new issues of safety or effectiveness.







Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

LED Technologies, LLC % L. W. Ward and Associates, Inc. Mr. Lewis Ward 4655 Kirkwood Court Boulder, Colorado 80107

NOV - 9 2010

Re: K101382

Trade/Device Name: dpl® Nuve

Regulation Number: 21 CFR 878.4810

Regulation Name: Laser surgical instrument for use in general and

plastic surgery and in dermatology

Regulatory Class: Class II Product Code: OHS, GEX Dated: November 01, 2010 Received: November 03, 2010

Dear Mr. Ward:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic And Restorative Devices

And Restorative Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

INDICATIONS FOR USE

K10382

510(k) Number (if known):

Device Name: dpl® Nu	ve		1107 - 9 20
Indications for Use:	•		
Intended to emit energy i dermatology for the treat			for use in
Indicated as an over-the- moderate acne.	counter phototherapy de	evice for the treatment	of mild to
			·
•			
Prescription Use(Part 21 CFR 801 Su	AND/OR bpart D)	Over-the-Counter (21 CFR 801	
(PLEASE DO NOT WR	ITE BELOW THIS LINE - CO	NTINUE ON ANOTHER PA	GE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(101382

Division of Surgical, Orthopedic,

and Restorative Devices